



**NHDAMF - BUREAU OF WEIGHTS AND MEASURES**  
**25 CAPITOL STREET**  
**PO BOX 2042**  
**CONCORD NH 03302-2042**

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**APPLICATION FOR INITIAL**  
**WEIGHMASTER LICENSE**  
**INSTRUCTIONS**  
(Read carefully before filling out this form)

1. In accordance with PART Agr 1403, Licensing of Weighmasters, **this application shall be complete and accurate** as to all information requested for an individual to obtain a license to operate as a weighmaster in the State of New Hampshire.
2. Applicant must contact the Bureau of Weights and Measures for the appropriate application fee. Checks or money orders are to be made payable to **Treasurer State of New Hampshire**, and mailed to: **NH Dept. of Agriculture, Markets and Food, Bureau of Weights and Measures, PO Box 2042, Concord , NH 03302-2042.**
3. Applicant **Must Obtain** a current copy of the departments weights and measures rules prior to any license being issued.
4. Applicant must pass a written examination with a minimum score of 70%.

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Check No.: \_\_\_\_\_  
Fee Received: \_\_\_\_\_ Approved \_\_\_\_\_  
Disapproved / Reason: \_\_\_\_\_  
Date App. Sent \_\_\_\_\_ ExpDate: \_\_\_\_\_  
Exam Date: \_\_\_\_\_  
Exam Score: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Rule Number: \_\_\_\_\_

**PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY**

5. Applications shall be signed by the person applying for a license.

Date: \_\_\_\_\_, 200\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Residence: Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ (9 Digit) Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State where issued: \_\_\_\_\_ County: \_\_\_\_\_

E-mail Address if Available: \_\_\_\_\_

If applicant has held a weighmaster license under another name, provide that name: \_\_\_\_\_

**Most Recent Previous Residence or Residences: (If less than 5 years at current residence)**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

# INITIAL WEIGHMASTER APPLICATION

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**Present Employer:**

Contact Person: \_\_\_\_\_ Co. Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Toll Free #:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Co. E-Mail Address if Available: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ (9 Digit) Zip Code: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address If Different From  
Above: \_\_\_\_\_

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**Most recent past employer for whom you have worked and held a valid weighmaster license:**

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ (9 Digit) Zip Code: \_\_\_\_\_ - \_\_\_\_\_

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**Type of weighing equipment used:**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Capacity: \_\_\_\_\_ Type of Indicator: \_\_\_\_\_ Length of  
Deck: \_\_\_\_\_

Date last certified: \_\_\_\_\_ Company certifying scale: \_\_\_\_\_

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**Pursuant to Agr 1403.03(b)(15) -- Please read, sign and date:**

1. AI certify that I have in my possession a current copy of the weighmaster rules, pursuant to Agr 1403.03(d), and that I shall operate in accordance with these rules.@
  2. AI certify that there are no willful misrepresentations or falsifications in the information provided within.@
  3. AI understand if an investigation discloses any willful misrepresentations or falsifications my application shall be rejected.@
  4. AIf, after issuance of my weighmaster license, should an investigation disclose any misrepresentations or falsifications, my license shall be suspended and I shall be subject to penalties under RSA 438:40.@

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date